



Maryland Coordination and Analysis Center

WATCH SECTION

RFS - Request For Service

MCAC Use Only

DATE: _____ TIME: _____ Request #: _____

RFS Request taken by: _____

Priority (circle one): Immediate

Priority

Routine

Requestor's Name: _____ ID#: _____

Requestor's Agency: _____ Empl. Verif.: _____

Requestor's Case#: _____ E-mail: _____

Telephone #: _____ Fax#: _____

Suspect _____ Victim _____ Witness _____ Other _____

Name: _____

Address: _____

DOB: _____ Telephone: _____

SSN: _____ Vehicle Tag#: _____

Race/Sex: _____ SID / FBI / OLN#s: _____

Type of Investigation : (i.e. robbery / homicide)

What does Requestor want to know?

MCAC Use Only:

Criminal Predicate? (please circle) YES or NO Entered into Case Explorer: YES or NO

Date Completed/Delivered: _____ Time Completed/Delivered: _____

How Information was Delivered: (circle one): FAX TEL EMAIL P/UP JRIES

OTHER _____

Assigned Search Analyst: _____ Time Spent: _____

Supervisor Review:

Name: _____ Date: _____ Disposition: _____